

**Celebrate St. Madeleine's!  
April 25, 2026**

**DEADLINE  
April 1, 2026**

**Tracking #**

*Donor: Please Complete #1-5. Please print clearly using ballpoint pen. Use a separate form for each donated item.*

**For Office Use Only:**

Catalog # \_\_\_\_\_ Combine with # \_\_\_\_\_

**1 Donor Information**

Donor Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Donor is a: (please check one)

- Parent                       Parishioner                       Business  
 Student/Faculty                       Friend                       Other

**3 Item Name:**

**Item Description:** Please provide description of item: size, color, brand, limitations/restrictions. Attach additional description, if needed.

Please check:

- Tangible Item                       Gift Certificate                       Both  
 Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_                       No Expiration Date

**4 Estimated Value of Item: \$**

**2 Solicitor Information  
(St. Madeleine Sophie Family Name)**

Solicitor Name

Contact Phone

**5 Please Indicate:**

- Item or Gift Certificate accompanies this form.  
 Item or Gift Certificate to be delivered by event date.  
*\*\*Indicate Tracking # on item when delivering later\*\**  
 Call to arrange pick-up.  
 Event Committee should create Gift Certificate.

**Cash Donation: \$** \_\_\_\_\_

*Please make check payable to St. Madeleine Sophie*

- Advertising  
 Patron  
 Class Project  
 Other  
 Contact me regarding my company's matching gift program.

**For the Donor's records: This certifies that the Donor has not received anything of value in exchange for this contribution.  
St. Madeleine Sophie Parish and School σ 4400 - 130<sup>th</sup> Pl SE, Bellevue, WA 98006 σ (425) 747-6770 σ Fax (425) 747-1825  
Thank you! Please keep the bottom copy for your records. σ Tax ID # 91-0839141**